Heart Valve Replacement or Repair (VALVE) Episode Executive Summary

Episode Design

- Trigger: heart valve replacement or repair procedure
- **Quarterback type:** facility (heart valve replacement or repair procedure site)
- Care included: all related care, including imaging and testing, surgical and medical procedures, physical therapy, and medications

Sources of Value

- Efficient pre-op imaging and testing (e.g., appropriate use of angiography)
- Increase operative efficiency (e.g., timeliness)
- Optimize length of ICU stay
- Reduce in-hospital complications and infections (e.g., hospital acquired pneumonia)
- Appropriate selection of valve replacement or repair
- Appropriate graft selection for patients receiving concurrent CABG
- Appropriate post-acute care (e.g., use of SNFs, IRFs)
- · Efficient use of follow-up imaging
- Appropriate use of medications
- Reduce readmissions
- Reduce complications (e.g., deep sternal wound infection)

Episode Duration

Pre-Trigger

Trigger

Post-Trigger

No pre-trigger window

Duration of the episode-triggering visit or stay

30 days, beginning after discharge from hospital

Quality Metrics

Tied to Gain-Sharing

[This section is not applicable to this episode.]

Informational Only

- Follow-up care within the post-trigger window
- Admission within the post-trigger window
- Major morbidity
- Mortality
- Difference in average morphine equivalent dose (MED) per day

Making Fair Comparisons

Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., COVID-19, ischemia-related admission, pre-existing endocarditis, pre-existing pneumonia on admission, DCS custody)
- Patient exclusions: age (less than 18 or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

Risk adjustment is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html.

